

## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Financen CLERK'S OFFICE

of Massachusetts	MFRe with Chroor Town Berk of Election Con		
Fill in Reporting Period dates: Beginning Date: 04/1	8/2022 Ending Date: 12/31/2022		
Type of Report: (Check one)			
☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election		
Greg Christiana	Committee to Elect Greg Christiana		
Candidate Full Name (if applicable) Town Moderator	Committee Name Alexander Bagnall		
Office Sought and District 82 Ridge St	Name of Committee Treasurer  10 Wyrnan Street		
Residential Address	Committee Mailing Address		
E-mail: maxuser@gmail.com	E-mail: alex.bagnall@gmail.com		
Phone # (optional):	Phone # (optional):		
SUMMARV RALAN	ICE INFORMATION:		
SOMMAKI BALAN	CE INTORNATION.		
Line 1: Ending Balance from previous report	44.44		
Line 2: Total receipts this period (page 3, line 1	1) 0		
Line 3: Subtotal (line 1 plus line 2)	44.44		
Line 4: Total expenditures this period (page 5, l	ne 14)		
Line 5: Ending Balance (line 3 minus line 4)	44.44		
Line 6: Total in-kind contributions this period (	page 6) 0		
Line 7: Total (all) outstanding liabilities (page 7	7) 0		
Line 8: Name of bank(s) used: Rockland Trust			
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the b activity, including all contributions, loans, receipts, expenditures, disbursements, in-kir finance activity of all persons acting under the authority or on behalf of this committee  Signed under the penalties of perjury:	nd contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 12/26/2022		
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I  Candidate with Committee			
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report Candidate without Committee	the best of my knowledge and belief, a true and complete statement of all campaign accordance with the requirements of M.G.L. c. 55. I have not received any contribing period that are not otherwise disclosed in this report.		
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report  Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to	the best of my knowledge and belief, a true and complete statement of all campaign accordance with the requirements of M.G.L. c. 55. I have not received any contribing period that are not otherwise disclosed in this report.  the best of my knowledge and belief, a true and complete statement of all campaignents, in-kind contributions and liabilities for this reporting period and represents the		

## SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)	
Date Received	None (aiphrabetical listing required)	Amount	(101 CORTIDUCIONS OF \$200 OF MOFE)	
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	- 4			
		111111111111111111111111111111111111111		
			F	
	J L			
ine 9: Total Rec	eipts over \$50 (or listed above)	d		
ine 10: Total Re	ceipts \$50 and under* (not listed above)	0		
ine 11. TOTAL	RECEIPTS IN THE PERIOD			
Jane II. IOIAL	RECEII IS III THE PERIOD		← Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
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	1			
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